

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: CALIBRATING LASER BEAM POSITION AND
SHAPE USING AN IMAGE CAPTURE DEVICE

Attorney Docket Number:: 018158-024500US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 7

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dimitri
Middle Name:: A.
Family Name:: Chernyak
Name Suffix::
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 676 Bellflower Avenue, #30
City of Mailing Address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Keith
Middle Name::
Family Name:: Holliday
Name Suffix::
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1659 Kirk Court
City of Mailing Address:: San Jose
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 95124

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: VISX, Inc.
Street of mailing address:: 3400 Central Expressway
City of mailing address:: Santa Clara
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95051-0703